

## 2019-2020 LODGERS' TAX GRANT APPLICATION

### PART I: PROJECT INFORMATION

Organization Name (As Listed on W9):	Manuelito Navajo Children's Home, Inc
Event Name:	Memorial Day 5K
Event Date(s):	5-25-20
Event Organizer & Title within Organization:	Jim Christian, Superintendent
Phone Number of Organizer:	505 863 5530
Email of Organizer:	jchristian@manuelitohome.org
Organization Address:	PO Box 58 12 Theta St. Gallup, NM 87301
Contact Person (If different than person who prepares application):	
Contact Phone and Email for Secondary Person:	
Event Location:	Gallup Sports Complex

### PART 2: PROJECT COST AND FUNDING REQUEST

Lodgers Tax Grant Funding Requested: (Must match application page 6)	5000.00
Total Anticipated Project/Event Cost: (Must match application page 7)	6145.00
Anticipated Number of Volunteers:	20.
Anticipated Attendance (not including volunteers/staff):	400.

### PART 3: CRITERIA

Were you funded in 2018-2019? Circle one: Yes/No

How much have you received in previous grants (list year/award amount)?

2017-\$5,000. 2018-\$5,000 2019-\$5,000

How many times has your event occurred? Please list years of previous events.  
If new, just indicate "new":

This will be the 9th Annual

1. Define/Describe the overall project/event (what is happening at the event?):

The event is a 5K fun run/walk with beautiful awards held on a challenging course

2. Please include a specific schedule of events here or attached with your application.

We will open pre-registration about 30 days prior to event. Advertising about 2 wks before event. The day of the event we will start on-site registration at 8am. The run starts @ 9am with awards to follow. Most participants are out to the community by 10:30am.

3. Who is your target audience for your event and advertising (who do you want to attend?)

Runners and their families, all ages.

4. Describe the regions/cities in which you plan to market your event outside of Gallup?

Primarily a 200 mile radius from Gallup. Flagstaff, Farmington, Albuquerque, Navajo Nation + Zuni

5. Describe your event assessment/evaluation plans: how are you counting your participants, where they are from, their hotel stays, and how you plan to share that assessment with the City:

Registration Forms and Interview at event will be shared with the city on the event evaluation form.

### PLAN FOR GRANT AMOUNT REQUESTED

Fill out this chart with your spending plan and the costs for these items. Note: **The items listed within this budget are the only reimbursable items after funds are awarded.** Modifications to your plan may only take place with regards to variation in dates of publication. Items not listed within the application at the time of approval will not be reimbursed. The Lodgers Tax Committee reserves the right to deny funding of specific items within this budget during their recommendation to City Council. You may attach a separate sheet in lieu of filling out this page. Remember that you must include artwork for all promotional items at the time of application.

[illegible]





**PART 4: FINANCIAL DISCLOSURE CHECKLIST** As per the attached City Ordinance, all applicants for Lodgers' Tax funds must submit the following information:

- ☒ Completed Advertising Plan and Event Budgets for Event/Special Activity/Project
- ☐ 2019 Updated IRS Form W-9 Request for Taxpayer Identification Number and Certification

**PART 6: ASSURANCES AND CERTIFICATIONS**

I/We certify that I/we am/are authorized to act on behalf of the organization making this application and that the statements herein are complete and accurate to the best of my knowledge. If funded, we will keep a clear and accurate accounting of how the funds were used. We will evaluate the use of funds as required and approved by the City of Gallup, and will deliver an evaluation report to the City no more than (60) days after the event or project completion.

Print your name and title:

Signature:

Date:

**Part 7: LODGERS' TAX PROPOSAL LETTER OF TRANSMITTAL**

The undersigned certifies that they have read and understand the above general conditions and that they accept these condition and submit the attached proposal in full compliance with these conditions and the applicable proposal specifications. In submitting this proposal, the offeror represents that the offeror has familiarized themselves with the nature and extent of the request for proposals dealing with Federal, State, and Local requirements which are a part of these request for proposals. The offeror will comply with all applicable federal and state laws, local ordinances, and the rules and regulations of all authorities having jurisdiction over the services being proposed.

Evaluations and financial statements are a requirement of the proposal and must be submitted in a timely manner, but no later than sixty (60) days after the event or project is completed. Failure to submit appropriate reimbursement materials and accurate evaluation statements may jeopardize future awards.

NAME OF FIRM ON W9

AUTHORIZED SIGNATURE

NAME PRINTED OR TYPED

TITLE/POSITION

DATE:

ADDRESS:

TELEPHONE #:

FAX #:

E-MAIL:

Manuelito Navajo Children's Home, Inc.



Jim Christian

Superintendent

9.19.19

PO Box 58

CITY, STATE, ZIP CODE:

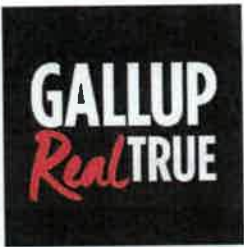
Gallup NM 87305

505 863 5530

505 863 2050

jchristian@

manuelitohome.org



**2019-2020 LODGERS' TAX GRANT ADVERTISING AGREEMENT**  
*Fill out the top portion (not the amount awarded) and organization agreement. A signed copy will be returned to you pending approval of a grant.*

The undersigned has been awarded Lodgers' Tax by the City of Gallup to promote the following event in the City of Gallup, New Mexico:

NAME OF EVENT: Memorial Day 5K  
ENTITY PUTTING ON EVENT: Manuelito Navajo Children's Home  
Mailing Address: PO Box 58 Gallup NM 87305  
DATES OF EVENT: 5.25.20  
AMOUNT AWARDED (to be filled out by City of Gallup): \_\_\_\_\_

The undersigned understands and agrees that the Lodgers' Tax awarded by the City of Gallup can only be used for advertising, publicizing, promoting and marketing of the above named event and agrees to use GallupRealTrue logos in their materials.

The undersigned further understands and agrees that the Lodgers' Tax funds awarded will not be advanced by the City of Gallup, but that upon presentment of PAID RECEIPTS with proof of payment and appropriate artwork/proofs/copy by undersigned to the City of Gallup, the City of Gallup will reimburse undersigned for the advertising, publicizing, promoting and/or marketing expenses incurred.

CONTACT PERSON FOR EVENT: Jim Christian  
PHONE NUMBER: 505 863 5530 EMAIL: jchristian@manuelitohome.org

**THIS AGREEMENT** entered into the last dated signature set out below.

ORGANIZATION: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_  
CITY OF GALLUP: \_\_\_\_\_  
By: \_\_\_\_\_ Date: \_\_\_\_\_  
110 West Aztec, Gallup, NM 87301 (505) 863-1227